

**New Jersey Department of Health and Senior Services
Division of Long Term Care Systems**

**INSTRUCTIONS AND DEFINITIONS FOR COMPLETION OF
2003 RESIDENT PROFILE REPORT**

PLEASE NOTE:

- Submit completed survey on enclosed disk and place in the enclosed prepaid mailer by June 15, 2004
- Submit current data for Item 1
- For Item 2, submit data **ONLY** for residents who were in the facility **ON** December 31, 2003 and **include** residents who were away from the facility on brief home visits on December 31, 2003
- For Item 3, submit data for the calendar year ending December 31, 2003
- **Do not include respite care residents** [stays of 30 days or less for the purpose of providing relief to the resident's primary caregiver(s)]
- **Use an identifier, not resident name in Items 2 and 3** (Assign a number beginning with 1,2,3... and ending with the last resident)
- **Item 3 represents those residents discharged during CY 2003**
- A nursing executive / wellness nurse should complete Item 2

Item 1 – Facility Identification *(A-E& K should be as they appear on the facility license)*

1A – License number as it appears on license

1B – Facility name as it appears on license

1C – Facility street address

1D - Name of city in which facility is located

1E – Facility Zip Code

1F - County in which facility is located

1G - Telephone number

1H - FAX number

1I - E-mail address *(List the E-mail address for the facility. If this is not available, leave blank)*

1J - Administrator's Name

1K - Type of Credential held by Administrator – Check LNHA or CALA (If the administrator holds both credentials, check both boxes)

Item 2 – In-house Resident Profile Report (Data for Residents in the Facility on 12/31/03 or away on a brief home visit)

Column 1 - Resident Count – To ensure confidentiality, you must use a generic identifier such as 1,2,3,4...for each resident. **DO NOT** use the resident's name

Column 2 – Resident Gender

Column 3 – Resident Medicaid Status - Enter "Y" if the resident is covered by Medicaid on **12/31/03**, otherwise enter "N"

Column 4 - Resident Date of Birth

Column 5 - Resident Date of Admission - *An admission is defined as each instance in which a new resident agreement between the facility and the resident is put into effect. (Exclude residents who were admitted for respite care)*

In columns 6-11, put an "x" to indicate source of admission

Column 6 - Admission from Home - Admission to the facility directly from a resident's home. (This category includes friend(s), relative(s), Alternate Family Care (AFC), boarding home(s), as well as the resident's own home)

Column 7 - Admission from a Nursing Home - Admission to the facility directly from a nursing home

Column 8 - Admission from an Assisted Living and Comprehensive Personal Care Home – Admission to the facility directly from a different ALR/CPCH

Column 9 - Admission from a Residential Health Care Facility – Admission to the facility directly from a RHCF

Column 10 - Admission from an Acute Care Hospital - Admission to the facility directly from an Acute Care Hospital (Exclude hospitalizations in which the resident agreement remains in effect)

Column 11 – Admission - Other – Admission to the facility directly from places that do not meet any of the criteria described in columns 6-10, including, but not limited to prison(s), psychiatric institution(s), and homeless shelter(s)

In columns 12-20, enter one of the following codes to identify the resident's need for assistance with ADLs, Medication Administration, or Cognitive Skills

0 – INDEPENDENT	-	Resident needs no assistance in performing the activity
1 – LIMITED	-	Resident needs some assistance in performing the activity
2 – TOTAL	-	Resident is totally dependent upon others for the activity

Column 12 – Dressing – How the resident dresses and undresses

Column 13 – Bathing – How the resident takes full-body bath/shower or sponge bath

Column 14 – Toilet Use – How the resident uses the toilet, including transferring on/off toilet

Column 15 – Transfer – How the resident moves to and between surfaces – to/from bed, chair, wheelchair, standing position (Excludes to/from bath/toilet)

Column 16 – Locomotion – How the resident uses walkers, canes, or other assistive devices

Column 17 – Bed Mobility – How the resident moves in bed, including to and from lying position, turning side to side, and positioning body while in bed

Column 18 – Eating – How the resident eats, including tasks such as cutting food, or other assistance at mealtime

Column 19 – Medication Administration Status – the extent to which the resident needs assistance with taking medications

Column 20 – Cognitive Skills – the extent to which the resident needs assistance with mental tasks such as locating residential unit and remembering appointments

Item 3 – Discharged Resident Profile Report (Data for Residents Discharged During Calendar Year 2003)

Column 1 - Resident Count – To ensure confidentiality, you must use a generic identifier such as 1,2,3,4...for each resident. **DO NOT** use the resident's name

Column 2 - Resident Date of Admission - *An admission is defined as each instance in which a new resident agreement between the facility and the resident is put into effect. (Exclude residents who were admitted for respite care)*

In columns 3-8, put an "x" to indicate source of admission

Column 3 - Admission from Home - Admission to the facility directly from a resident's home (This category includes friends, relatives, Alternate Family Care (AFC), boarding home, as well as the resident's own home)

Column 4 - Admission from a Nursing Home - Admission to the facility directly from a nursing home

Column 5 - Admission from an Assisted Living and Comprehensive Personal Care Home – Admission to the facility directly from a different ALR/CPCH

Column 6 – Admission from a Residential Health Care Facility – Admission to the facility directly from a RHCF

Column 7 - Admission from an Acute Care Hospital - Admission to the facility directly from an Acute Care Hospital (Exclude hospitalizations in which the resident agreement remains in effect)

Column 8 – Admission - Other – Admission to the facility directly from places that do not meet any of the criteria described in Items columns 3-7, including, but not limited to prisons, psychiatric institutions, and homeless shelters

Column 9 – Resident Date of Discharge *A discharge is defined as each instance in which an existing resident agreement between the facility and the resident is terminated. (Exclude residents who were discharged following admission for respite care)*

In columns 10-16, put an "x" to indicate discharge disposition

Column 10 - Discharged to Home - Discharged from facility to resident's home and the resident agreement was terminated. (This category includes friends, relatives, Alternate Family Care (AFC), boarding homes, as well as the resident's own home)

Column 11 - Discharged to Nursing Home – Discharged from facility to nursing home and the resident agreement was terminated

Column 12 - Discharged to other Assisted Living Residence/Comprehensive Personal Care Home – Discharged to a different ALR/CPCH and the resident agreement was terminated

Column 13 - Discharged to Residential Health Care Facility – Discharged from facility to RHCF and the resident agreement was terminated

Column 14 - Discharged to Hospital -The resident agreement was terminated during a resident's hospital stay. (This category includes, but is not limited to deaths occurring during a resident's hospital stay as well as instances in which it is determined that the resident has become too ill to return to the facility)

Column 15 – Death – Includes deaths that occur while a resident agreement is in effect

Column 16 – Discharged – Other - Discharged to places that do not meet any of the criteria described in columns 10-15 and the resident agreement was terminated. (This category includes unknown destinations, e.g., when the resident's family arranges the discharge but does not inform the facility where the resident is going, as well as facilities such as psychiatric institutions)

Mailing address for return of survey (disk or paper):

Department of Health and Senior Services
Division of Long Term Care Systems
Long Term Care Licensing Program
P.O. Box 367
Trenton, New Jersey 08625-0367
Attn: Andrew Benesch